

## PATENT

Attorney's Docket No. 2926R-01

COMBINED DECLARATION AND POWER OF ATTORNEY  
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (*check one applicable item below*)

original       design       supplemental  
 divisional       continuation       continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

LUBRICANTS HAVING AN OVERBASED METAL SALTS AND ORGANIC PHOSPHITES

**SPECIFICATION IDENTIFICATION**

the specification of which: (*complete (a) or (b)*)

(a)  is attached hereto.

(b)  was filed on November 3, 1999 as  Serial No. 09/432,539  
or  Express Mail No. \_\_\_\_\_, as Serial No. 0 / \_\_\_\_\_ and was  
amended on \_\_\_\_\_ (*if applicable*).

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

David M. Shold, 31,664  
Samuel B. Laferty, 31,537  
Beverly A. Pawlikowski, 36,404  
Michael F. Esposito, 29,506

Joseph P. Fischer, 31,758  
William C. Tritt, 32,510

**SEND CORRESPONDENCE TO**

THE LUBRIZOL CORPORATION  
Patent Dept. - Patent Administrator  
29400 Lakeland Boulevard  
Wickliffe, Ohio 44092-2298

**DIRECT TELEPHONE CALLS TO:**  
(Name and telephone number)

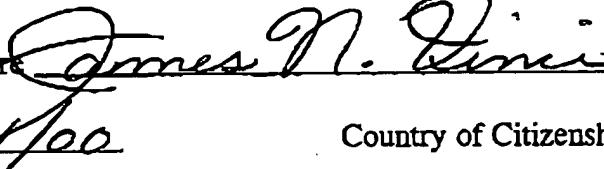
William C. Tritt  
(216) 621-1113

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Full name of sole or first inventor: James N. Vinci

Inventor's signature 

Date 01/04/00

Country of Citizenship: United States

Residence: Mayfield Heights, Ohio

Post Office Address: 131 Chatham Way  
Mayfield Heights, Ohio 44124

Full name of second joint inventor, if any:

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Country of Citizenship:

Residence:

Post Office Address:

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART  
OF THIS DECLARATION

Signature for fourth and subsequent joint inventors. Number of pages added \_\_\_\_\_

Added pages to combined declaration and power of attorney for divisional, continuation, or  
continuation-in-part (CIP) application.

Number of pages added \_\_\_\_\_

\* \* \*

If no further pages form a part of this Declaration then end this Declaration with this page and  
check the following item

This declaration ends with this page